

MONTGOMERY CITY-COUNTY PERSONNEL DEPARTMENT
Application for Employment
27 Madison Avenue
Montgomery, AL 36104
Jobline (334) 241-2217 Fax (334) 241-2219 Telephone (334) 241-2675
www.montgomerypersonnel.com

General Instructions: Applications are only accepted for a position **when** a job announcement is posted. Read the job announcement to determine if you meet the minimum qualifications for the position. A separate Montgomery City-County application form must be submitted for each position. Copies are accepted. A resume may be attached, but may not take the place of the Montgomery City-County Application. An application or resume cannot be returned and the Personnel Department cannot make copies for you. Please type or write clearly in blue or black ink.

The completed application and supplemental questionnaire, if any, must be filed with the Montgomery City-County Personnel Department. No other persons or department are authorized to accept applications except the Personnel Department. Applications may be delivered in person, by hand-mail, by the U.S. Post Office or any other mail delivery service, or by facsimile. It is up to you to ensure that your application is received by the closing date listed on the job announcement. If an announcement is "open until the needs are met" the Personnel Department may stop accepting applications for the position at any time without further notice.

According to the Americans with Disabilities Act, it is the responsibility of the applicant with an ADA-covered disability to request accommodation which he/she requires in order to participate in the application or examination process. It is the policy of the Personnel Department to require documentation of the ADA-covered disability and the need for accommodation.

You will receive written notice if your application has been accepted or rejected. You will also be notified when and where to report to take an examination, if required. Applicants who meet all the job requirements are placed on an eligible register which may remain in effect up to two years, unless exhausted sooner. Please notify the Personnel Department of any changes in your name, address, telephone number(s) or email address. Prior to your employment you will be required to provide documentation of your identity and employment eligibility in order to comply with the Immigration Reform and Control Act of 1986. Applicants for certain jobs may be required to submit to a complete background check, or a conditional offer drug test or medical examination.

Veteran's Preference. Preference in open competitive examinations will be given for veterans, to their widow or widower and to the spouse of a totally disabled veteran. A veteran is defined as a person who served in the military service during any war or conflict in which the United States was engaged and who was discharged or released from service under conditions other than dishonorable. It does not include those who serve an initial period of active duty training in the Reserve or National Guard. Preference Points will be applied to the passing score in an open competitive examination. Veteran's Preference Points may be claimed on the Supplemental Applicant Data Form found on page 5 of this application.

Equal Employment Opportunity: Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration because of political or religious affiliations or because of race, national origin, or any other non-merit factors is prohibited. Discrimination on the basis of age or sex or physical disability is prohibited except where specific age, sex, or physical requirements constitute a bona fide occupational qualification for proper and efficient administration.

Title of Position _____ Date Filed _____

Revised: August 2009

Accepted	Rejected	Accepted	Rejected
Ed.:		Test 1:	
Exp.:		Test 2:	
Other:		Final Rank:	

TITLE OF POSITION

Name _____
Last First Middle

Address _____
Mailing Address

City State Zip Code

Telephone Numbers _____
Home Work Cell Email Address

	YES	NO		YES	NO
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? if yes give date, _____	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been discharged or forced to resign	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>	On what date would you be available for work: _____		
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>	Are you available to work: () Full Time () Part Time () Shift Work () Temporary		

References: List three reliable persons, not relatives or employers, who know you well enough to give information about you.

Name	Complete Address/Phone Number	Occupation

Education Instructions: Unless specifically stated on the job announcement, education or license requirements must be obtained by the closing date of the announcement. Applicants for positions which require a diploma, certificate, degree or special course work may be required to provide documentation. Please do not abbreviate the name of your school or major. Attach additional sheets if necessary.

High School Diploma ☐ Yes ☐ No

Highest Grade Completed _____

GED Certificate ☐ Yes ☐ No

GED Certificate number _____

Issued by _____

Name and location of high school _____

Name and location of college or technical school(s)	Completed Hours		Did you graduate?		Type of degree received	Major/Minor
	Quarter	Semester	Yes	No		

Profession or Technical Certificate or License:

Do you possess a valid Ala. Driver's License? ☐ No ☐ Yes CDL ☐ No ☐ Yes Class _____

APPLICANT CERTIFICATION- By submitting this application and any attachments, I hereby certify that these documents contain no false information and are complete, truthful and accurate to the best of my knowledge. I understand that I may be disqualified if I am not thorough and accurate in completing this form. I also understand that should an investigation disclose that I have given false or misleading information on this form or its attachments, my application may be rejected, my name may be removed from an eligible register and I may be disqualified from applying for future employment through the Montgomery City-County Personnel Department. If I am already employed, I may be dismissed from employment.

WORK HISTORY

Work History Instructions: Please read carefully. In the areas below please list all of your work experience, *beginning with your current or most recent job*. Military and related volunteer work should be included here. Please do not use abbreviations, initials or military jargon when stating your experience. **If you need more space, attach extra copies of this page.** Each time you change jobs or job titles, you should list them separately, even if your employer did not change. It is important that you provide complete and accurate information about the employer, the date of your employment, your job duties and your level of responsibility, including the number and title of any employees you supervised, equipment you operated and any other relevant information which will assist us in evaluating your qualifications for the job you are applying for. If you do not show the month and year you began and ended each job, you will not receive full credit for your experience.

Name of employer: Address: Telephone No.: Supervisor:		Dates employed (<i>give month and year</i>) From: / To: /	Total Number of Months Average Number of hrs. per wk.
Exact title of your job		No. and job titles of any employees you supervise(d)	Your reason for wanting to leave

DESCRIPTION OF WORK:

Name of employer: Address: Telephone No.: Supervisor:		Dates employed (<i>give month and year</i>) From: / To: /	Total Number of Months Average Number of hrs. per wk.
Exact title of your job		No. and job titles of any employees you supervise(d)	Your reason for wanting to leave

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Exact title of your job		No. and job titles of any employees you supervise(d)
Your reason for wanting to leave		

DESCRIPTION OF WORK:

**MONTGOMERY CITY AND COUNTY PERSONNEL DEPARTMENT
SUPPLEMENTAL APPLICANT DATA FORM**

TO THE APPLICANT: The Civil Rights Act of 1964, as amended, prohibits discrimination in employment because of race, color, religion, sex or national origin. The Age of Discrimination in Employment Act (ADEA), as amended, prohibits discrimination because of age with respect to individuals who are at least 40 years of age. The information requested is used solely for Equal Opportunity reporting, personnel research, and for bona fide occupational qualifications or other legally permissible reasons, and will be kept in a **CONFIDENTIAL FILE** separate from the application for employment.

TITLE OF POSITION

JOB ANNOUNCEMENT#

NAME: LAST

FIRST

MIDDLE

DATE OF BIRTH

☐ Male ☐ Female Citizen of USA or alien authorized to work in USA? ☐ Yes ☐ No

Racial or ethnic group (check one):

☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian

What prompted you to apply for City-County employment?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> AL State Employment Agency	<input type="checkbox"/> Self-Initiated
<input type="checkbox"/> Radio	<input type="checkbox"/> City-County Employee	<input type="checkbox"/> A Bulletin Board
<input type="checkbox"/> Community Announcement	<input type="checkbox"/> College Placement Office	<input type="checkbox"/> Web Page
<input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Jobline

Veteran's Preference Points

If you claim Veteran's Preference, check the type below. **Attach copies** (which will not be returned) of the required documents to your application to support your claim. See page one of the Montgomery City/County Personnel application for Veteran's Preference Policy.

☐ **Veteran** (5 points) - Available to a veteran, defined as a person who served in the active military during any war or conflict in which the U.S. was engaged and who was discharged or released from service under conditions other than dishonorable. **Requires DD214** or document showing dates of service and type of discharge. If this has been submitted previously and is on file with this office, you may disregard this requirement.

☐ **Disabled Veteran** (10 points) - Available to a veteran who has a service connected disability and who receives or is eligible to receive compensation for the disability. **Requires DD214** or other document as above and **letter of disability** from VA dated within last 6 months. VA letter must be kept updated or you lose the extra 5 points.

☐ **Disabled Veteran's spouse** (10 points) - Available to a person who is currently married to a veteran who is totally disabled and not qualified for employment. **Requires DD214** or other document as listed above and **VA letter of disability**.

☐ **Deceased Veteran's spouse** (10 points) - Available to the spouse of a veteran who died or was killed in the line of duty. **Requires DD1300** or other document as above and a **marriage certificate**. Cannot be claimed if spouse remarries.

☐ I **am not** eligible for Veteran's preference points.